

Department of Correction
Testimony of Leo C. Arnone, Commissioner
Department of Correction

Appropriations Committee
Governor's Bill No. 5016, *An Act Implementing the Governor's Recommendations Concerning
General Government*
March 8, 2012

Good morning, Senator Harp, Representative Walker and members of the Appropriations Committee. I am Leo Arnone, Commissioner of the Department of Correction (DOC). Joining me this morning is Dr. Kathleen Maurer, the DOC's Director of Health Services. Thank you for the opportunity to speak in support of section 68 of the Governor's Bill No. 5016, *An Act Implementing the Governor's Recommendations Concerning General Government*. This bill would give me discretionary authority to release from my custody an inmate who needs palliative or end-of-life care to a state-contracted nursing home. Because of sentencing practices and population demographics generally, the DOC inmate population is growing older. Older inmates are expectedly developing many of the illnesses of aging seen in the greater population often at an earlier age due to their lifestyle, poverty and a general historical lack of health care. Illnesses such as dementia, stroke, lack of mobility, and end stage organ disease of various types are becoming more common.

There are a group of these patients who because of their medical condition no longer present a threat to society and may be appropriate for release. Despite their debilitated state and need for specialized care, it has been extremely difficult to find appropriate facilities such as nursing homes willing to accept these individuals. Hesitance or refusal to accept these individuals is often related to fiscal, community and safety concerns. Though any potential concerns are mitigated to a great degree by the functional impairments associated with the medical conditions, there is a public perception that these individuals continue to pose a physical threat to staff, visitors and other patients. Despite having beds available, nursing homes believe that they will lose existing and future business because families do not want loved ones to have contact with or be near individuals with criminal histories in the nursing home. Nursing homes are especially sensitive to the fiscal impact of losing or substantially reducing the number of individuals on Medicare, which is reimbursed at a greater rate than Medicaid – the entitlement of most offenders upon release. Nursing homes are concerned as well about their relationships with the surrounding community once it is known that they are serving ex-offenders.

The Department of Mental Health and Addiction Services (DMHAS) has a similar group of aging, medically compromised patients at Connecticut Valley Hospital who meet criteria for nursing home level of care. They also have had difficulty placing this population because of their co-occurring serious mental illnesses and public concerns about these individuals being moved to a community setting. The proposed nursing home would be available for DMHAS and individuals with criminal histories who have been historically hard to place in existing nursing homes.